

FORM 1. EPA GENERAL INFORMATION
 ENVIRONMENTAL PROTECTION AGENCY
 Consolidated Permits Program
 (Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
 1 L D 0 0 6 6 5 7 5 2 3 0

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP **PROCESS ALLIANCE PARTNERSHIP**

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) **MATSCHKE, DONALD, PARTNER** B. PHONE (area code & no.) **815 722 6969**

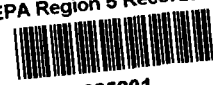
V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX **608 RAILROAD STREET**
 B. CITY OR TOWN **JOLIET** C. STATE **IL** D. ZIP CODE **60436**

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER **608 RAILROAD STREET**
 B. COUNTY NAME **WILL**
 C. CITY OR TOWN **JOLIET** D. STATE **IL** E. ZIP CODE **60436** F. COUNTY CODE (if known) **197**

EPA Region 5 Records Ctr.



285891

C630

II. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7399 (specify)	CONTRACT CHEMICAL PROCESSING	7	NA (specify)
C. THIRD		D. FOURTH	
NA (specify)		7	NA (specify)

III. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
D.E. MATSCHKE CO., BY-PRODUCT MGMT., INC., PARTNERS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)	815 722 0900

E. STREET OR P.O. BOX		F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND	
98 RAILROAD STREET		JOLIET		IL	60436	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
N	NA	9	P NA
E. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
U	NA	980-1433 (specify) 1LL. EPA Cons. & Opp. Treat. Fac. Per.	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
R	APPLIED FOR	3963 (specify) CITY OF JOLIET AUTH. No. FOR SEWER SERVICE CONNECTION	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

CONTRACT CHEMICAL PROCESSING OF INDUSTRIAL PROCESS STREAMS USING RECYCLED, SPENT INDUSTRIAL PRODUCTS. SUCH AS SPENT PICKLING LIQUORS, ETCHANTS AND BYPRODUCT LIME FROM THE STEEL, ELECTRONIC AND CHEMICAL INDUSTRIES, RESPECTIVELY. A CURRENT EXAMPLE IS THE PROCESSING OF A SPENT CAUSTIC SODIUM STREAM WITH SPENT PICKLING ACID TO PRODUCE A MARKETABLE OIL, A NON-HAZARDOUS FILTERCAKE FOR REUSE IN THE AGRICULTURAL OR STEEL INDUSTRIES OR FOR LANDFILL DISPOSAL AND AN EFFLUENT ACCEPTABLE TO THE LOCAL SANITARY DISTRICT MUNICIPAL TREATMENT PLANT.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
DONALD E. MATSCHKE, PRESIDENT D.E. MATSCHKE COMPANY, PARTNER	DONALD E. MATSCHKE	Nov. 13, 1986

COMMENTS FOR OFFICIAL USE ONLY

FORM 3 RCRA	EPA	ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER F 1 2 0 4 0 9 6 6 5 7 5 2 3
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FOR OFFICIAL USE ONLY	
APPLICATION APPROVED	DATE RECEIVED (yr, mo, & day)

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C 8 YR. 8 MO. 7 DAY		C 73 74 75 76 77 78	
B. REVISED APPLICATION (place an "X" below and complete Item I above)		2. FACILITY HAS A RCRA PERMIT	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided to enter codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
GALLONS	G		ACRE-FEET	A	
LITERS	L		HECTARE-METER	F	
CUBIC YARDS	Y		ACRES	B	
CUBIC METERS	C		HECTARES	Q	
GALLONS PER DAY	U				
LITERS PER DAY	V				
TONS PER HOUR	D				
METRIC TONS PER HOUR	W				
GALLONS PER HOUR	E				
LITERS PER HOUR	H				

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		C		DUP		31	
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
16	18	27	28	16	18	27	28
X-1	S02	600	G	5	T04	3200000000	U
X-2	T03	20	E	6			
1	S02	174,000,000	G	7			
2	T03	200,000,000	U	8			
3	T04	140,000,000	U	9			
4	T04	180,000,000	U	10			
16	18	27	28	16	18	27	28

II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

<i>T04 PLATE AND FRAME AND BELT FILTERS</i>	<i>149,999</i>	<i>U</i>
<i>T04 DECANT PROCESS</i>	<i>189,999</i>	<i>U</i>

IV. DESCRIPTION OF HAZARDOUS WASTES

- 1. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- 3. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- 2. UNIT OF MEASURE** -- For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

- 1. PROCESS CODES:**
- For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
- For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
- Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA ID NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
<div style="display: flex; justify-content: space-between;"> WV LD000066575231 </div>													<div style="display: flex; justify-content: space-between;"> W DUP 32 DUP </div>													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																						
				1. PROCESS CODES (enter)																						
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																						
1	K662	50,000 gal	T	T01	T04	T04	TANK TREATMENT FOLLOWED BY DECAT PROCESS AND FILTRATION																			
2	D002	100,000 gal	T	S02	T01	T04	T04	TANK STORAGE FOLLOWED BY TANK REMOVAL FOLLOWED BY DECAT PROCESS AND FILTRATION																		
3																										
4																										
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26																										

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
1	2	3	4	5	6	7	8	9	10	11	12
1	0	0	0	6	6	5	7	5	2	3	6

FGA/55

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FGA/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

41 34 40

088 58 15 40

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
3. STREET OR P.O. BOX				4. CITY OR TOWN		5. ST.	6. ZIP CODE

IX. OWNER CERTIFICATION

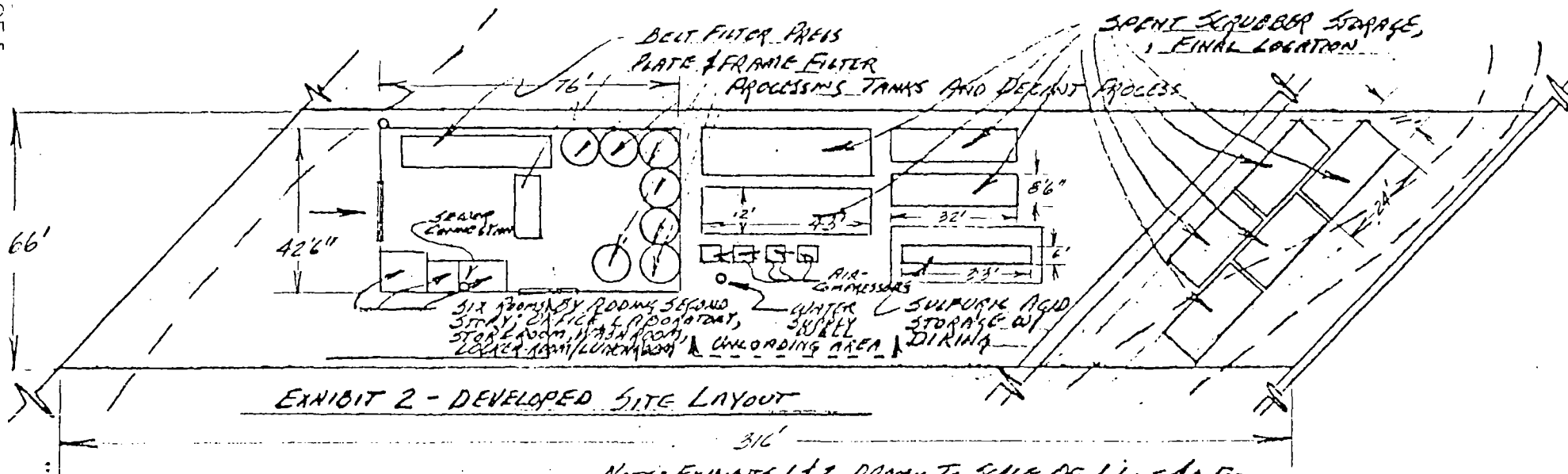
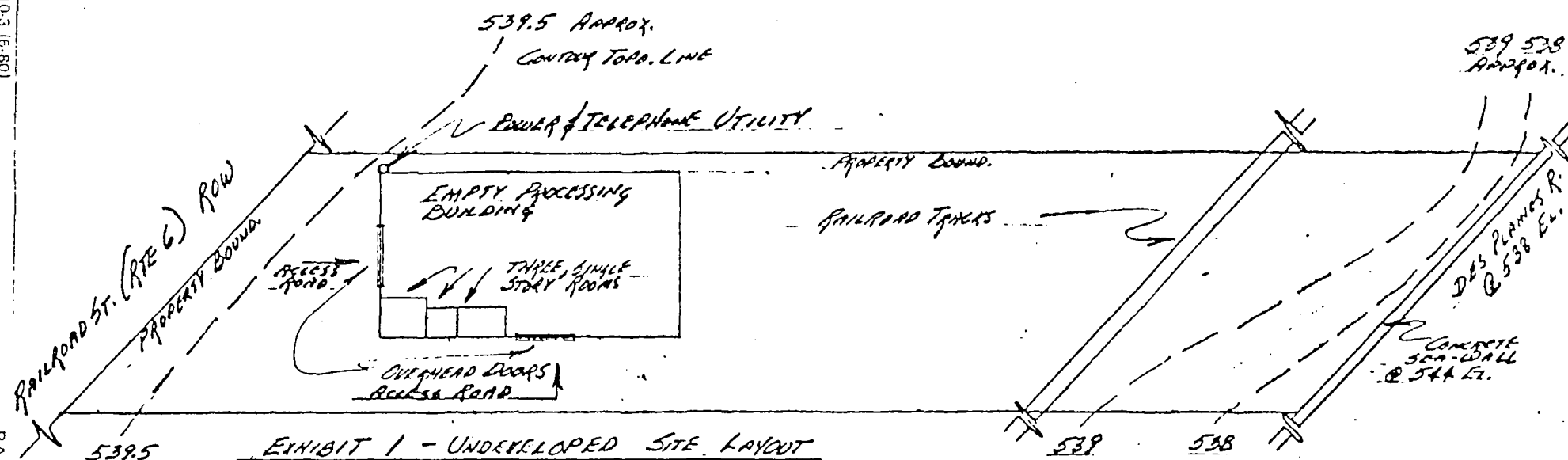
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) DONALD E. MATSCHKE, PRESIDENT D.E. MATSCHKE COMPANY, PARTNER	B. SIGNATURE DONALD E. MATSCHKE	C. DATE SIGNED NOV. 13, 1980
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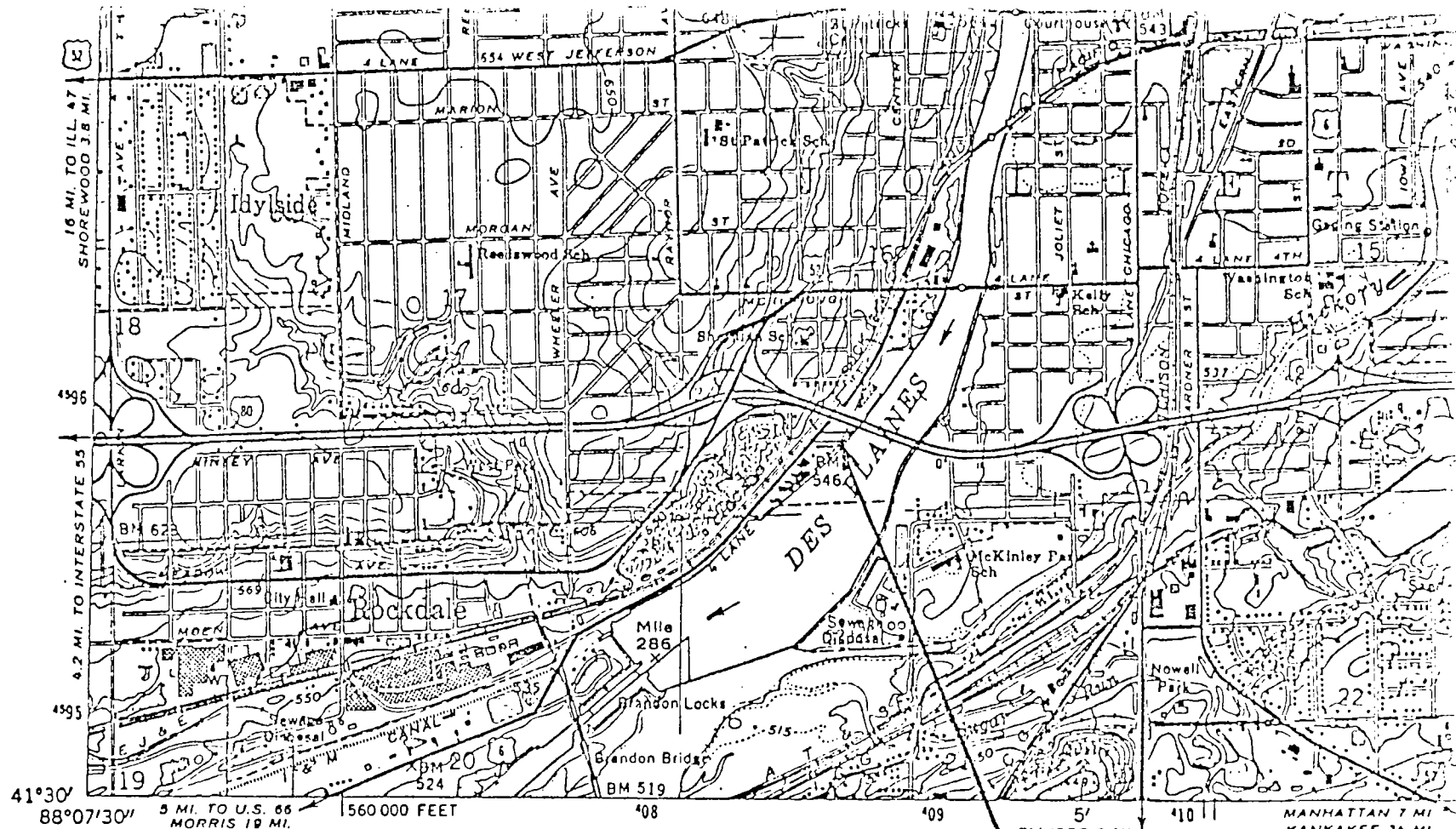
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NOTE: EXHIBITS 1 & 2 DRAWN TO SCALE OF 1 IN. = 40 FT.
DEMCO; 10/8/80



(CHANNATION)
3266 1 NW

Mapped, edited, and published by the Geological Survey

Control by USGS and USC&GS

Topography by photogrammetric methods from aerial photographs taken 1952 and planetable surveys 1953-54. Revised from aerial photographs taken 1962. Field checked 1962

Polyconic projection. 1927 North American datum
10,000-foot grid based on Illinois coordinate system, east zone
1000-meter Universal Transverse Mercator grid ticks, zone 16, shown in blue

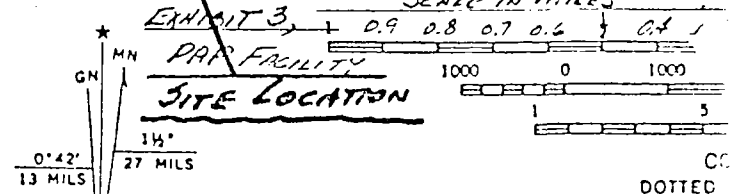
Fine red dashed lines indicate selected fence and field lines where generally visible on aerial photographs. This information is unchecked

Revisions shown in purple compiled from aerial photographs taken 1973. This information not field checked

Purple tint indicates extension of urban areas

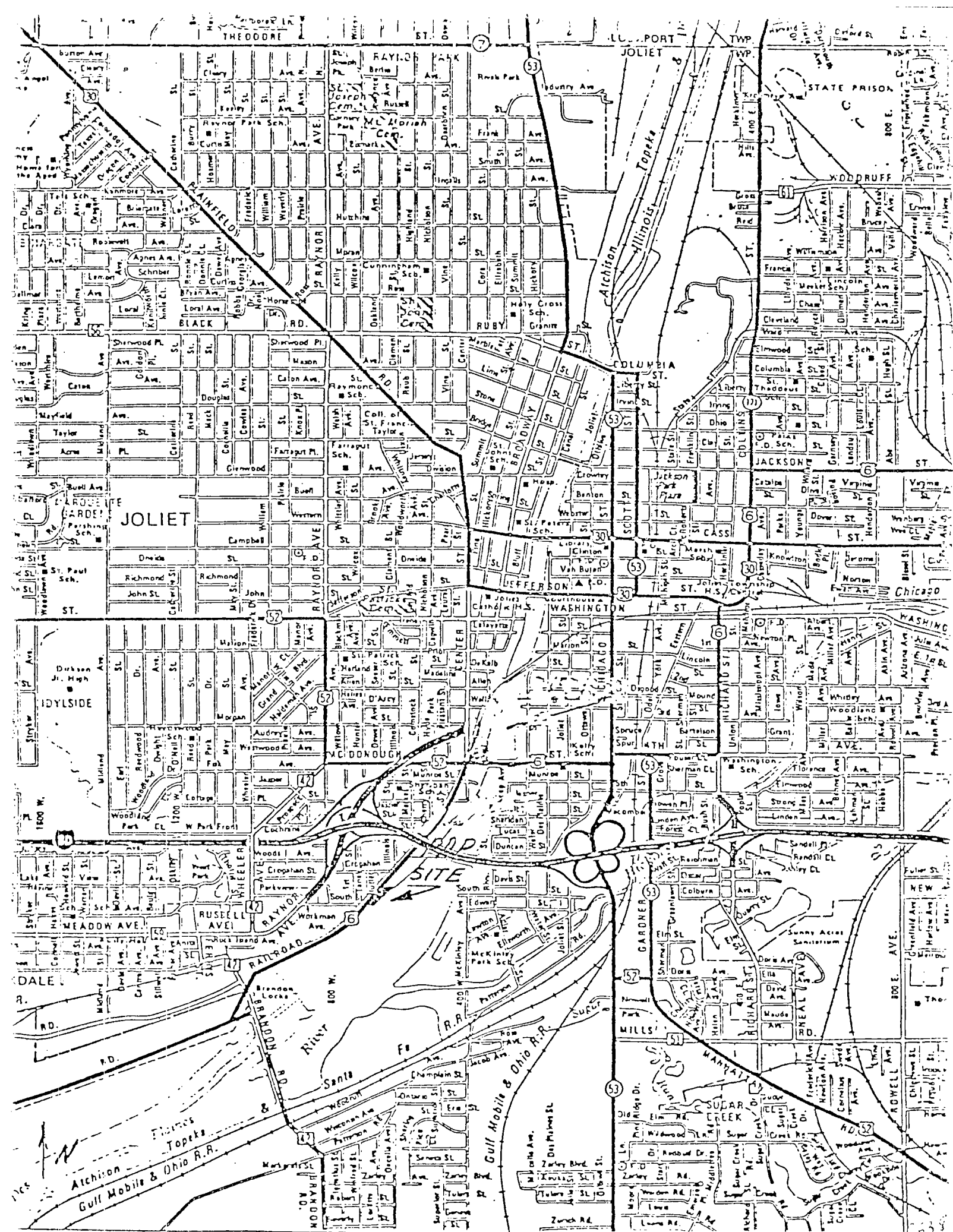
NOTE: LEGAL BOUNDARIES, HAZARDOUS WASTE MANAGEMENT FACILITIES AND WELLS ARE SHOWN IN GREATER SCALE IN EXHIBITS 1 AND 2. THERE ARE NO INTAKE OR DISCHARGE STRUCTURES OR INJECTION WELLS.

UTM GRID AND 1973 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET



THIS MAP COMPILED FOR SALE BY U.S.G. AND BY THE STATE A FOLDER DESCRIBING TOP

JOLIET 7 1/2 MIN. QUADRANGLE



FORM 1
GENERAL
EPA
ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.
25-8303-1F
F/L-7777777777-3D

II. POLLUTANT CHARACTERISTICS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

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SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP **PROCESS ALLIANCE PARTNERSHIP**

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 MATSCHE, DONALD, PARTNER	815 722 6969

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 668 RAILROAD STREET	JOLIET	IL	61436

VI. FACILITY LOCATION

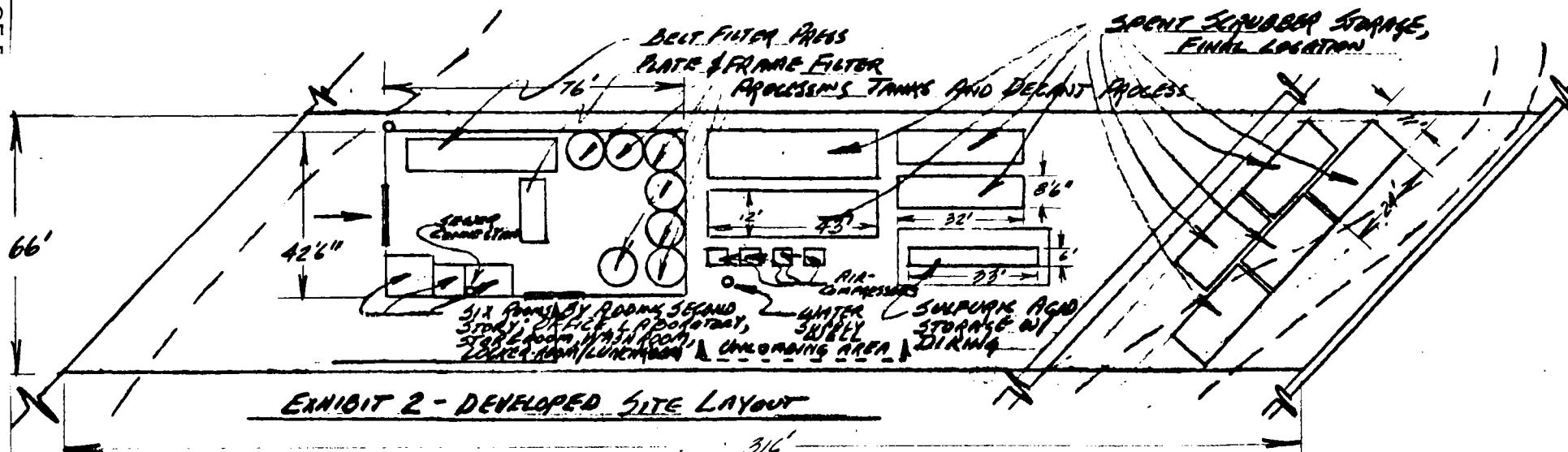
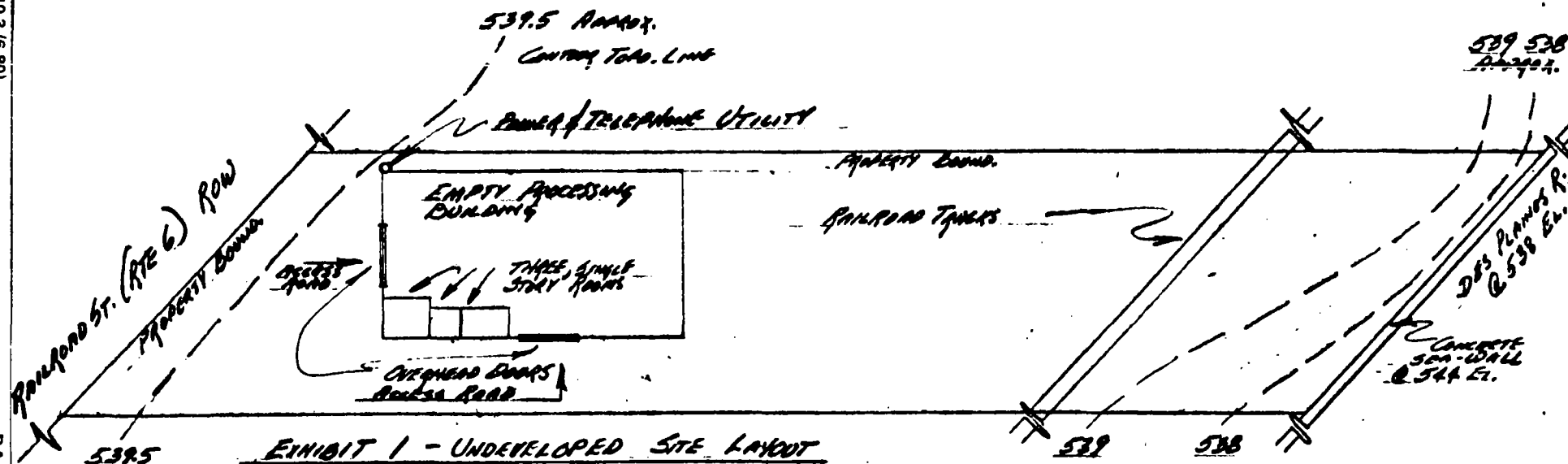
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 668 RAILROAD STREET	WILL	JOLIET	IL	61436	197

[illegible]

COMMENTS

84

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
W 1 2 0 0 0 0 6 6 5 7 5 2 3 1													W DUP 3 2 DUP													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																						
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))														
1	K162	50,000,000	T	T01	T04	T04																				TANK TREATMENT FOLLOWED BY DECANT PROCESS AND FILTRATION
2	D002	100,000,000	T	S02	T01	T04	T04																			TANK STORAGE FOLLOWED BY TANK TREATMENT FOLLOWED BY DECANT PROCESS AND FILTRATION
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NOTE: EXHIBITS 1 & 2 DRAWN TO SCALE OF 1 in. = 40 FT.
DEAC; 10/8/80



(CHANNAHONI)
3366 I RW

Mapped, edited, and published by the Geological Survey

Control by USGS and USC&GS

Topography by photogrammetric methods from aerial photographs taken 1952 and planetable surveys 1953-54. Revised from aerial photographs taken 1962. Field checked 1962

Polyconic projection. 1927 North American datum
10,000-foot grid based on Illinois coordinate system, east zone
1000-meter Universal Transverse Mercator grid ticks, zone 16, shown in blue

Fine red dashed lines indicate selected fence and field lines where generally visible on aerial photographs. This information is unchecked

Revisions shown in purple compiled from aerial photographs taken 1973. This information not field checked

Purple tint indicates extension of urban areas

NOTE: LEGAL BOUNDARIES, HAZARDOUS WASTE MANAGEMENT FACILITIES AND WELLS ARE SHOWN IN GREATER SCALE IN EXHIBITS 1 AND 2. THERE ARE NO INTAKE OR DISCHARGE STRUCTURES OR INJECTION WELLS.

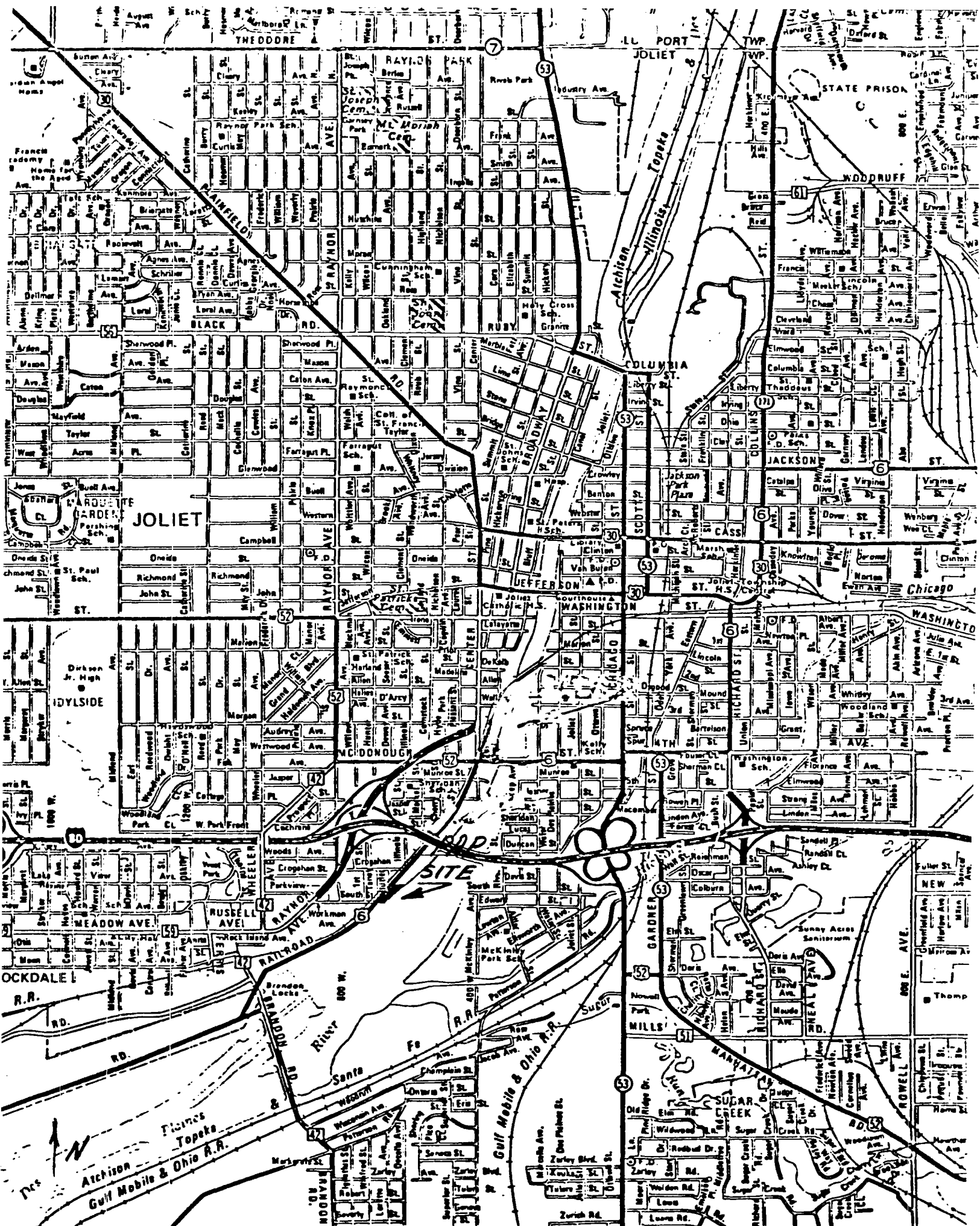


EXHIBIT 3 (CONT) - EXTENSION OF MAPPING OF AREA ADJACENT TO PAP SITE ON THE SOUTH